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REVIEW ARTICLE / DERLEME YAZISI

Eating Addiction and Binge Eating Disorder: A Systematic Review of Distinguishing Features and Overlapping Characteristics

Yeme Bağımlılığı ve Tıkınırcasına Yeme Bozukluğu: Ayırt Edici Özellikler ve Örtüşmeler Üzerine Sistematik Derleme

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Abstract:

This systematic review aimed to examine the distinguishing features and overlapping characteristics of food addiction (FA) and binge eating disorder (BED). For this purpose, studies published between 2017 and 2025 were searched in the ScienceDirect, Scopus, PubMed, and PsycINFO databases. The search process was conducted using the keywords "food addiction," "binge eating disorder," and "eating behavior." In line with the inclusion and exclusion criteria, 16 studies were included in the review. The findings indicate that FA and BED share several common psychological mechanisms, particularly loss of control, emotional eating, impulsivity, and difficulties in emotion regulation. However, some differences were identified in terms of conceptual framework, diagnostic approach, and clinical evaluation. The reviewed studies showed that FA is frequently associated with binge eating, depression, and impulsivity, whereas BED is more clearly characterized by recurrent overeating episodes accompanied by loss of control. In addition, the co-occurrence of FA and BED in clinical samples appears to be associated with increased symptom severity. Overall, FA and BED can be considered highly related but not entirely identical constructs. These findings highlight the importance of accounting for shared psychological mechanisms in clinical assessment and intervention.

Keywords: Food addiction, Binge eating disorder, Emotional eating, Impulsivity.

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Öz:

Bu sistematik derleme, yeme bağımlılığı (YB) ile tıkınırcasına yeme bozukluğu (TYB) arasındaki ayırt edici özellikleri ve örtüşen yönleri incelemeyi amaçlamaktadır. Bu doğrultuda ScienceDirect, Scopus, PubMed ve PsycINFO veritabanlarında 2017–2025 yılları arasında yayımlanan çalışmalar taranmıştır. Tarama sürecinde "food addiction", "binge eating disorder" ve "eating behavior" anahtar kelimeleri kullanılmıştır. Belirlenen dahil etme ve dışlama ölçütleri doğrultusunda toplam 16 çalışma derlemeye dahil edilmiştir. Bulgular, YB ve TYB arasında özellikle kontrol kaybı, duygusal yeme, dürtüsellik ve duygu düzenleme güçlükleri gibi ortak psikolojik mekanizmaların bulunduğunu göstermektedir. Bununla birlikte, iki yapı arasında kavramsal çerçeve, tanısal yaklaşım ve klinik değerlendirme bakımından bazı farklılıklar olduğu görülmektedir. İncelenen çalışmalar, YB'nin sıklıkla tıkınırcasına yeme, depresyon ve dürtüsellik ile ilişkili olduğunu; TYB'nin ise aşırı yeme atakları ve kontrol kaybı ile daha belirgin biçimde ilişkili olduğunu ortaya koymaktadır. Ayrıca klinik örneklemlerde YB ve TYB birlikteliğinin semptom şiddetini artırabildiği belirlenmiştir. Sonuç olarak, YB ve TYB yüksek düzeyde ilişkili ancak tamamen özdeş olmayan yapılar olarak değerlendirilebilir. Bu bulgular, klinik değerlendirme ve müdahale süreçlerinde ortak psikolojik mekanizmaların dikkate alınmasının önemini vurgulamaktadır.

Anahtar Kelimeler: Yeme bağımlılığı, Tıkınırcasına yeme bozukluğu, Duygusal yeme, Dürtüsellik.

Introduction

In recent years, considering eating behaviors within the framework of addiction has become an increasingly prominent area of interest in the psychopathology literature. This approach has gained even more importance, especially with the widespread consumption of high-calorie, highly processed foods rich in sugar and fat in modern societies. Examining eating behaviors from an addiction perspective not only contributes to understanding clinical eating disorders but also provides critical insights into the prevention and treatment of obesity and chronic metabolic diseases (Mutlu & Mutlu, 2022; Maqsood et al., 2025; Amoto et al., 2026).

In particular, the concept of food addiction suggests that the excessive consumption of certain foods involves neurobiological and behavioral processes similar to those found in substance addiction (Gearhardt et al., 2011; Yu et al., 2022). Within this framework, mechanisms such as reward system activity, dopaminergic transmission, and impulse control are often invoked to explain why individuals experience excessive motivation and loss of control when exposed to certain foods. Research shows that some individuals are especially sensitive to foods high in sugar and fat, and that consuming these foods activates reward pathways in the brain similarly (Köseoğlu & Smail, 2022; Güzel & Kırkıncıoğlu, 2024; Atar, 2026).

Binge eating disorder is a formally defined eating disorder in the latest revision of the Diagnostic and Statistical Manual (DSM-5-TR), characterized by episodes of eating excessively large amounts of food within specific time periods, accompanied by a loss of control (American Psychiatric Association (APA), 2022). This disorder is distinguished from other eating disorders by the individual's significant distress regarding their eating behavior and the absence of compensatory behaviors. Clinical findings indicate that individuals with binge eating disorder often have concerns about weight and body image and experience eating episodes triggered by emotional stress or negative mood (Dakanalis et al., 2023; Abdoli et al., 2025; Lewandowska et al., 2023).

Although food addiction and binge eating disorder display significant overlapping features, whether these constructs represent different manifestations of a single phenomenon or independent clinical categories remains debated in the literature. In both cases, shared features such as loss of control, cravings, emotional eating, and increased motivation for certain foods are observed, but there are differences in diagnostic frameworks, conceptual bases, and treatment approaches. For example, the concept of food addiction is generally approached from an addiction model, whereas binge eating disorder is assessed within diagnostic criteria from a clinical psychiatry perspective (APA, 2022; Carbone et al., 2023; Amoto et al., 2026). Specifically, binge eating disorder is typically characterized by episodes of excessive eating without compensatory behaviors (Faraji & Firat, 2022), while food addiction can encompass a wider range of symptoms, including impulsive consumption of specific foods and disruptions in reward mechanisms (Torun & İçen, 2024).

The aim of this review is to systematically present the distinguishing features and overlapping aspects of food addiction and binge eating disorder by comparing them from conceptual, clinical, and psychological perspectives. Additionally, this review seeks to address current approaches and clinical findings related to understanding eating behaviors from an addiction perspective within a holistic framework. In this way, both researchers and clinical practitioners will have the opportunity to more clearly evaluate the relationship between these two concepts.

Method

Research Design

This study was designed as a systematic review aimed at examining the similarities and differences between food addiction and binge eating disorder. A systematic review is the process of searching, selecting, evaluating for quality, and holistically synthesizing the findings of studies in the literature, according to predefined criteria, to answer a specific research question (Karaçam, 2013).

Literature Review Process

The literature search was conducted in the Science Direct, Scopus, PubMed, and PsycINFO databases. During the search process, the keywords "food addiction," "binge eating disorder," and "eating behavior" were used.

Inclusion and Exclusion Criteria

The inclusion criteria were specified as follows:

- Published between 2017 and 2025,
- Appearing in peer-reviewed journals,
- Directly related to food addiction or binge eating disorder,
- Written in English or Turkish.

The exclusion criteria consisted of case reports, editorial articles, and studies for which the full text was not accessible.

Study Selection Process

The identified studies were first reviewed at the title and abstract level, and then articles deemed suitable were subjected to full-text evaluation. The selected studies were thematically analyzed under the headings of conceptual framework, clinical features, and psychological findings. The study selection process was reported using the PRISMA flow diagram.

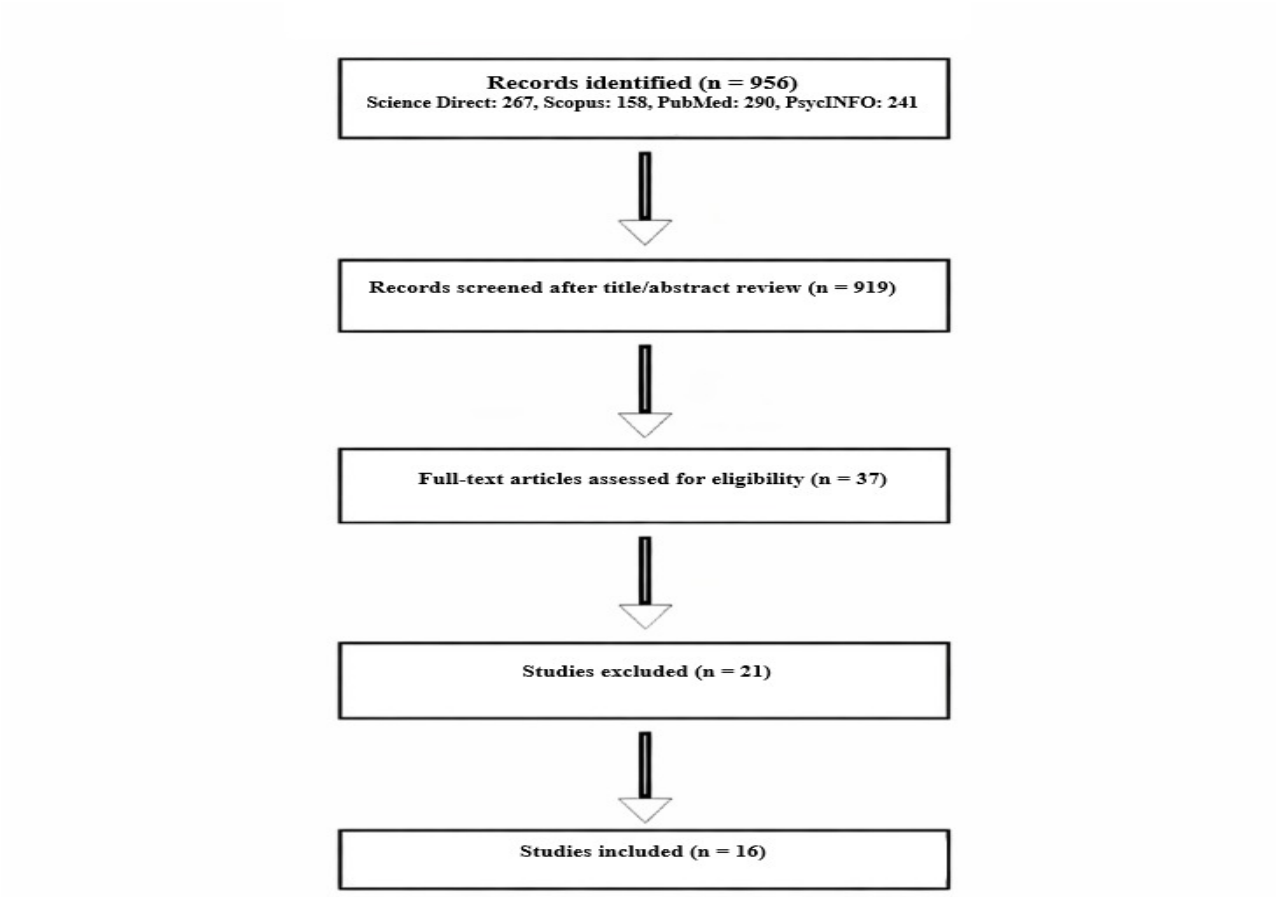
Records identified (n = 956)
Science Direct: 267, Scopus: 158, PubMed: 290, PsycINFO: 241
Records screened after title/abstract review (n = 919)
Full-text articles assessed for eligibility (n = 37)
Studies excluded (n = 21)
Studies included (n = 16)

Figure 1. *PRISMA Flow Diagram*

Findings

The studies presented in Table 1 show that there are both overlapping and distinguishing features between food addiction (FA) and binge eating disorder (BED). The findings reveal that these two constructs are strongly related, especially at the behavioral and psychological levels, and are shaped around common mechanisms such as loss of control, emotional eating, and impulsivity.

Table 1. *Summary of Studies on Food Addiction and Binge Eating Disorder (2017–2025) (n=16)*

Author/ Year	Study Type	Sample	Aim	Main Findings	Clinical/ Psychological Findings
Ahmadkaraji et al., 2023	Cross-sectional clinical study	n = 128 obese female bariatric surgery candidates	To examine the relationship of FA and BED with emotion regulation	FA and BED show both common and different emotion regulation difficulties	Emotional eating and loss of control are higher in the FA+BED group
Oliveira et al., 2021	Systematic review	Multiple studies using YFAS 2.0	To examine the prevalence and related factors of food addiction measured by YFAS 2.0	FA prevalence ranges from 7–20%, higher in clinical groups	FA is positively associated with binge eating, depression, and impulsivity

Kalan et al., 2023	EMA (ecological momentary assessment) study	n = 153 adults	To examine the relationship of FA and BED symptoms with real-time eating behaviors	FA and BED symptoms are independently related to eating behaviors	Contextual factors and loss of control are determinants
Mousavi et al., 2024	Cross-sectional clinical study	n = 95 obese individuals (post-LSG)	To examine the relationship of FA with postoperative outcomes	FA is associated with higher weight 2 years post-op	Negative body composition and biochemical changes were observed
Yousefi et al., 2024	Cross-sectional study	n = 329 obese adults	To examine the relationship of FA and BED with diet and anthropometric measures	When FA and BED co-occur, BMI and eating behaviors are affected	Emotional eating and loss of control increase
Burrows et al., 2018	Systematic review	51 studies	To examine the relationship between FA and mental health symptoms	FA is positively associated with binge eating	Associated with impulsivity and emotional eating
Burrows et al., 2017	Comparative study	–	To compare the FA and BED measurement tools	BED scores are strongly related to FA symptoms	Symptom overlap is observed
Carbone et al., 2023	Clinical study (network analysis)	n = 303 clinical sample	To examine BED and FA using network analysis	Binge eating severity was a central variable	Loss of control and overeating behavior are prominent
Tekin et al., 2018	Cross-sectional study	n = 300 university students	To examine the relationship between FA and impulsivity	FA prevalence is 21.7%; impulsivity is a significant predictor	Impulsivity stands out as a common mechanism
Meule, 2021	Review / empirical investigation	Multiple studies / clinical sample	To examine the relationship between FA and BED	High degree of overlap between FA and BED	Loss of control, overeating, and impulsivity are common; FA is explained by the addiction model, and BED by the eating disorder framework
Margaryan et al., 2025	EMA (ecological momentary assessment)	n = 49 adults	To examine the relationship between daily loneliness changes and binge eating and food addiction	Loneliness varies throughout the day	High morning loneliness is associated with FA; no significant association with BED
Ifland, 2025	Review	Multiple studies	To examine the relationship between the addictive properties of ultra-processed foods and binge eating behaviors	Ultra-processed foods show addictive properties	Reward system activation, stress response, and cognitive control weakness are prominent
Bąk-Sosnowska, 2017	Review	DSM-5 criteria & literature	To identify distinguishing criteria between FA and BED	FA and BED share common features but are different	Loss of control and overeating are common; tolerance and withdrawal are more prominent in FA
Ratković et al., 2023	Review	Multiple studies	To compare food addiction with BED	FA and BED overlap highly but are different structures	Loss of control and craving are common; FA is closer to the addiction model
Różycka et al., 2025	Cross-sectional study	n = 2123 adults	To examine psychological differences between FA and BED	FA and BED are strongly related	Depression, stress, impulsivity, and trauma are highest in the FA+BED group
Adams et al., 2019	Review	Multiple studies	To explain the food addiction model	FA shows mechanisms similar to BED	Loss of control, craving, and reward system activation are prominent

When the studies in the table are examined, it is seen that food addiction (FA) and binge eating disorder (BED) have been addressed using different samples and methods, yet these two constructs are largely shaped around common psychological and behavioral mechanisms. Overall, the findings indicate that loss of control, emotional eating,

impulsivity, and excessive consumption behaviors are fundamental components of both constructs.

Studies conducted with clinical samples show that symptom severity increases when FA and BED co-occur. In the study conducted with obese women by Ahmadkaraji et al. (2023), it was found that these two constructs are associated with difficulties in emotion regulation, and that emotional eating and loss of control are especially higher when both are present. Similarly, Yousefi et al. (2024) demonstrated that the coexistence of FA and BED in obese individuals is a determining factor for both body mass index and eating behaviors, and that emotional eating and loss of control increase in these individuals. In a study with a large sample by Różycka et al. (2025), it was found that individuals with both FA and BED symptoms have higher levels of depression, stress, impulsivity, and trauma symptoms. These findings show that the coexistence of the two constructs is associated with more severe psychopathology from a clinical perspective.

The behavioral and contextual dimensions of the relationship between FA and BED are also supported by various studies. In a study using ecological momentary assessment (EMA) by Kalan et al. (2023), it was shown that FA and BED symptoms are related to real-time eating behaviors, and that this relationship is particularly shaped by contextual factors and loss of control. In contrast, in another EMA study by Margaryan et al. (2025), it was found that the level of loneliness is significantly associated with food addiction symptoms, but this relationship was not significant for binge eating behavior. This finding suggests that, while FA and BED may exhibit similar behavioral patterns, they may be underpinned by different emotion regulation processes.

Systematic reviews and comparative studies more clearly reveal the overlapping and distinct aspects of these two constructs. In the systematic review by Oliveira et al. (2021), it was reported that the prevalence of food addiction (FA) ranges between 7% and 20%, being especially higher in clinical samples; moreover, FA was highlighted as being positively associated with binge eating, depression, and impulsivity. Similarly, Burrows et al. (2018) found strong associations between FA and mental health symptoms, with impulsivity and emotional eating being particularly prominent. In a comparative study by Burrows et al. (2017), a strong relationship was found between FA and binge eating disorder (BED) assessments, and these two constructs were shown to overlap significantly at the symptom level.

Conceptual studies also support these findings. Meule (2021) stated that there is a high degree of overlap between FA and BED, but these constructs should be considered within different theoretical frameworks. Similarly, Ratković et al. (2023) and Bąk-Sosnowska (2017) emphasized that while both constructs share common features such as loss of control and overeating, addiction-specific symptoms such as tolerance and withdrawal are more prominent in food addiction. This suggests that it is more appropriate to evaluate FA within the framework of the addiction model, while BED should be considered as a clinical eating disorder.

Studies addressing neurobiological and behavioral mechanisms are also noteworthy. Adams et al. (2019) and Ifland & Brewerton (2025) have particularly noted that reward system activation, craving, and weakness of cognitive control play important roles in both constructs. These studies reveal that ultra-processed foods, in particular, can have addiction-like effects and may overlap with binge eating behaviors.

Finally, studies focusing on clinical outcomes show that FA is associated not only with psychological but also with physiological outcomes. Mousavi et al. (2024) reported that FA is associated with higher weight in the postoperative period, as well as adverse body composition and biochemical changes. In a study with university students, Tekin et al. (2018) found the prevalence of FA to be 21.7% and identified impulsivity as a significant predictor.

Discussion

The studies reviewed in this systematic review reveal that the relationship between food addiction (FA) and binge eating disorder (BED) is strong, multidimensional, and dynamic at both the clinical and behavioral levels. Overall, the findings indicate that both constructs are particularly shaped around common psychological mechanisms such as difficulties in emotion regulation, impulsivity, and loss of control (Ahmadkaraji et al., 2023; Yousefi et al., 2024; Tekin et al., 2018; Burrows et al., 2018; Carbone et al., 2023). This suggests that FA and BED should not be viewed as merely behaviorally similar, but rather as related yet distinct constructs based on common psychopathological foundations.

Findings from clinical samples show that symptom severity is significantly increased when food addiction and binge eating disorder co-occur. The studies by Ahmadkaraji et al. (2023) and Yousefi et al. (2024) demonstrated that the coexistence of FA and BED strengthens core symptoms, including emotional eating and loss of control. Similarly, recent studies have shown that BED is strongly associated with psychopathological symptoms such as depression, anxiety, and stress, which in turn exacerbate disturbances in eating behavior (Keskinkaya & Açıkgöz, 2022; Çetin & Aydın, 2024). Additionally, increased levels of impulsivity have been shown to significantly predict binge eating behavior and increase clinical severity (Bayramoğlu et al., 2020). In parallel with these findings, results from Różycka et al. (2025) indicate that individuals with both FA and BED exhibit higher levels of depression, stress, impulsivity, and trauma symptoms (Boswell & Grilo, 2021; Kowalewska et al., 2024; Bellamy & Laurent, 2025). These results support the view that FA and BED are mutually reinforcing constructs that can lead to a more severe clinical picture.

On the other hand, the studies reviewed included different sample groups. Some of the included studies were conducted with candidates for obesity surgery (Ahmadkaraji et al., 2023; Mousavi et al., 2024), others with university students (Tekin et al., 2018), and others with the general adult population (Różycka et al., 2025). This heterogeneous sample structure is an important factor that limits the generalizability of the findings. Different sample groups may exhibit distinct risk profiles and psychological characteristics related to eating behaviors. For example, symptom severity is higher in clinical samples, whereas these relationships may be observed at lower levels in community samples (Javaras et al., 2024; Pawar et al., 2023). Therefore, the current findings cannot be generalized to the general population and should be interpreted carefully in light of the sample characteristics.

Another important limitation regarding the nature of the relationship between food addiction (FA) and binge eating disorder (BED) is that the vast majority of the studies reviewed are cross-sectional in design. While cross-sectional studies are valuable for revealing relationships between variables, they do not allow for definitive conclusions regarding the direction and causality of these relationships. Indeed, although the studies included in this review show strong associations between FA and BED, the causal direction of this relationship remains unclear. For example, it is not clear whether difficulties in emotion regulation trigger eating behaviors or whether problematic eating behaviors lead to emotional difficulties (Dingemans et al., 2017; Borm et al., 2025). Therefore, the shared mechanisms presented in this review should be evaluated at a correlational rather than a causal level.

In this context, studies using ecological momentary assessment methods provide valuable contributions. Kalan et al. (2023) and Margaryan et al. (2025) demonstrated that eating behaviors are related to contextual and momentary emotional processes. In particular, Margaryan et al. (2025) showed that the level of loneliness is associated with food addiction, but the same relationship does not apply to binge eating behavior, indicating that these two constructs may be based on different psychological processes. These findings are important as they provide dynamic data that partially overcome the limitations of cross-sectional studies; however, they are still insufficient for causal inferences.

Conceptual and theoretical studies also support the overlap and distinction between FA and BED. Meule (2021), Ratković et al. (2023), and Bąk-Sosnowska (2017) stated that although these two constructs share common symptoms, they should be considered within different theoretical frameworks. In particular, the fact that addiction-specific processes such as tolerance and withdrawal are more prominent in FA shows that this construct is more closely related to the addiction model (Parnarouskis et al., 2022; Krupa et al., 2024).

In conclusion, the findings obtained from this systematic review indicate that food addiction (FA) and binge eating disorder (BED) are highly related but not entirely identical constructs. While both share common psychological mechanisms such as loss of control, emotional eating, and impulsivity, they show specific differences, particularly in terms of addiction processes and emotion regulation. These findings suggest that problematic eating behaviors should be evaluated as part of a multidimensional, continuous spectrum rather than as a unidimensional construct. However, the fact that the studies included in the review comprise different sample groups and are largely cross-sectional poses significant limitations for the generalizability and causal interpretability of the findings. Therefore, it should be emphasized that the current findings should be evaluated at the correlational level and that causal conclusions should be avoided. Future studies should be conducted with more homogeneous samples and, in particular, should use longitudinal and experimental research designs to contribute to a clearer, more comprehensive understanding of the relationship between FA and BED.

One of the strengths of this study is that it covers the current literature and approaches food addiction and binge eating disorder from behavioral, psychological, and partly biological perspectives within a holistic framework. In addition, the evaluation of studies with different methodological approaches (cross-sectional studies, systematic reviews, and theoretical analyses) together has enabled the topic to be examined from a multidimensional perspective. In this regard, the study brings together scattered findings in the literature and provides conceptual integrity.

However, there are some important limitations to the study. Firstly, limiting the literature search to certain databases raises the possibility that not all relevant studies were included. Additionally, the inclusion of studies from different sample groups (clinical samples, university students, and the general population) significantly limits the generalizability of the findings. Furthermore, the fact that the majority of the studies reviewed are cross-sectional in design precludes definitive conclusions about the direction and causality of relationships between variables. These methodological limitations indicate that findings should be interpreted with caution.

For future research, it is recommended to use especially longitudinal and experimental research designs to better clarify the relationship between food addiction and binge eating disorder. Such studies would enable a healthier examination of causal relationships between variables. Moreover, conducting research with more homogeneous sample groups will increase the generalizability of the findings. In addition, examining neurobiological markers (such as reward system activation and cognitive control mechanisms) may deepen understanding of the common and distinct aspects of FA and BED. Clinically, increasing numbers of studies comparing the treatment response processes of these two constructs will enable the development of more targeted intervention programs. Finally, increasing conceptual and empirical studies on whether food addiction can be considered as an independent diagnostic category will make significant contributions to the literature.

Declarations

Ethical Approval and Informed Consent:
This study is a review and does not include any experimental work involving human participants or experimental animals. Therefore, ethical committee approval and participant consent are not required.

Publication Ethics Statement:
This article is original, has not been previously published, and is not under consideration elsewhere. The author declares that scientific ethical rules were followed in the preparation of this work.

Conflict of Interest:
The authors declare no conflict of interest.

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Author Contributions:
Ö.S.A. contributed to conceptualization, methodology, investigation, data curation, and writing of the original draft. E.E.M. supervised the preparation of the manuscript and contributed to writing—review and editing. All authors read and approved the final manuscript.

Data Availability:
As this is a review article, no new data were generated or analyzed. All information used is based on the relevant literature.

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